

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>B023016</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/09/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALLIE'S VILLAGE MEMORY CARE HOMES LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 RESEARCH PARK DRIVE LAWRENCE, KS 66049</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{S 000}	INITIAL COMMENTS  The following citations represent the findings of a revisit for correction order 14-30 conducted at the above named home plus facility on 5-8-14 and 5-9-14.	{S 000}		
{S5185} SS=D	26-42-206 (a) (b) (c) Dietary Services  (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident 's negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident 's negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider 's order shall be on file in the resident 's clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian.  This REQUIREMENT is not met as evidenced by: KAR 26-42-206(a)(c)  The facility reported a census of 8 residents. The sample included 3 residents. Based on record review and interview for 1 ( #1110) of 3 sampled residents whose negotiated service agreement included the provision for a therapeutic diet the operator failed to ensure the diet was prepared according to instructions from a medical care provider or licensed dietitian.  Findings included:	{S5185}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{S5185}	<p>Continued From page 1</p> <p>- Record review for resident #1110 revealed admission on 11-5-13 with diagnoses Pick's Disease. The Functional Capacity Screen dated 4-30-14 recorded resident required supervision with eating. The Negotiated Service Agreement dated 5-8-14 recorded Food Service: Therapeutic Diet: Regular Diet with No Concentrated Sweets (Grind Meats). Encourage drink between bites. Assistance required with eating and drinking: stand by assistance. Daily snacks. Residential input regarding menu choices.</p> <p>Physician's order dated 5-5-14: Order Clarification - Diet: Regular Diet, No Concentrated Sweets, Grind Meats and encourage drinks between bites.</p> <p>Review of "Basics of Therapeutic Diets" In-service information provided to staff lacked instructions for preparing the diet and signature from a medical care provider or licensed dietitian.</p> <p>Interview on 5-8-14 at 12:00 pm with administrative nurse A confirmed the written information provided to staff lacked instructions for preparing a No Concentrated Sweets diet and signature from a medical care provider or licensed dietitian.</p> <p>For resident #1110, the operator failed to ensure the No Concentrated Sweets diet was prepared according to instructions from a medical care provider or licensed dietitian.</p>	{S5185}		